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SEC 1972 (6-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## **ATTENTION**

Failure to file notice in the appropriate states will not result it the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549

# FORM D

MAR 2 6 2007

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

OMB APPROVAL

hours per response...1

NOTICE OF SALE OF SECURITIES THOMSON PURSUANT TO REGULATION D. FINANCIAL SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix		Serial					
:							
DATE RECEIVED							

Name of Offering ([] check if this is an amendment and name has changed, and indicat EUPI, LLC	e change.)
Filing Under (Check box(es) that apply):  [ ] Rule 504 [ ] Rule 505 [ X ] Rule 506 [ ] Sect Type of Filing: [ X ] New Filing [ ] Amendment	ion 4(6) [] ULOE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate EUPI, LLC	e change.)
Address of Executive Offices (Number and Street, City, State, Zip Code) (Including Area Code) 1220 One Energy Square, 4925 Greenville Avenue, Dallas, TX 75206	Telephone Number (214) 560-2569
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (Including Area Code) (if different from Executive Offices)  Same	Telephone Number
Brief Description of Business The Company was organized for the purpose of puro	chasing limited partners

interest in SG AM Eastern Europe, L.P.

Type of Business Organi	zation
[ ] corporation [ ] business trust	[ ] limited partnership, already formed [X] other (please specify): [ ] limited partnership, to be formed limited liability company
	Month Year
Actual or Estimated Date	of Incorporation or Organization: [0]3] [0]7] [x] Actual [] Estimated
Jurisdiction of Incorporat	ion or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) [N][V]

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ x] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[x] <del>Director</del> Manager	[ ] General and/or Managing Partner
	ame first, if individual) berta Jean		***	* 17 **********************************
Business or Resid 3015 Mai	dence Address (Number and Str n Street, Suite 403, Santa Monic	eet, City, State, Zip ca, California 9040	Code) 5	
Check Box(es) that Apply:	[ x ] Promoter [ ].Beneficial Owner	[ ] Executive Officer	[x] <del>Director</del> Manager	[ ] General and/or Managing Partner
	ame first, if individual) rthur N., Jr.			
	dence Address (Number and Str enville Avenue, Suite 1220, Dall		Code)	
Check Box(es) th Apply:	at [] Promoter [] Beneficial Owner	( ) Executive Officer	e [] Director [	] General and/or Managing Partner
Full Name (Last r	ame first, if individual)			
Business or Resid	lence Address (Number and Str	eet, City, State, Zip	Code)	
Check Box(es) the Apply:	at [] Promoter [] Beneficial Owner	[ ] Executive Officer	e [] Director [	] General and/or Managing Partner
Full Name (Last n	ame first, if individual)			
Business or Resid	lence Address (Number and Str	eet, City, State, Zip	Code)	
Check Box(es) the Apply:	at []Promoter[]Beneficial Owner	[ ] Executive Officer	e [ ] Director [	] General and/or Managing Partner
Full Name (Last n	ame first, if individual)			
Business or Resid	lence Address (Number and Stre	eet. Citv. State. Zip	Code)	

Check Apply:	Box(es)	that	[ ] Pr	omoter	[] Ben Owi			Executive Officer	[]	Director	[]	Gener Manag Partne	
Full Na	ame (Las	st name	first, if i	ndividua	al)								<del></del>
Busine	ess or Re	esidenc	e Addre	ss (Num	ber and	Street,	City, S	itate, Zip	Code)	l			
Check Apply:	Box(es)	that	[ ] Pro	moter [	] Benefic Owner			Executive Officer	· · · · · · · · · · · · · · · · · · ·	[] Dire	ctor [	-	eral and/or aging ner
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Busine	ess or Re	esidenc	e Addre	ss (Num	ber and	Street,	City, S	State, Zip	Code	)			
	(	Use bla	ank she	et, or co	opy and	use ad	ldition	al copies	of th	is sheet	, as r	necess	ary.)
				E	B. INFOR	MATIC	ON AB	OUT OFF	ERIN	G			
	the issu	er sold	, or does	s the iss	uer inten	d to se	ll, to n	on-accred	lited ir	vestors	in this	5	Yes No
			An	swer als	o in App	endix, (	Colum	n 2, if filin	g und	er ULOE			
2. Wha	at is the	minimu	m invest	lment th	at will be	accept	ted fro	m any ind	lividua	l?	•••••		\$ <u>100,000</u>
3. Doe	s the off	ering p	ermit joi	nt owne	rship of a	single	unit?.	***********	••••••				Yes No [x][]
directly conner persor the na	y or indir ction with or ager me of th	ectly, a h sales nt of a b e broke	ny comr of secui roker or er or dea	mission of rities in to dealer of ler. If me	or similar the offering registered ore than	remung, If a diwith the five (5)	neration person the SE perso	been or want for solic to be list C and/or want to be list ormation	itation ted is with a sted a	of purch an assoc state or assoc	asersiated stated stated	s in I s, list I	
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Name	of Asso	ciated E	Broker o	r Dealer							-		
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Full N	lame (La	ast name	e first; if	individu	al)							
Busin	ess or F	Residenc	e Addre	ess (Nur	nber and	Street,	City, Sta	te, Zip C	ode)			
			· · · · · · · · · · · · · · · · · · ·				-					
Name	e of Asso	ociated E	Broker o	r Dealer	•							•
State	s in Whi	ch Perso	on Listed	Has S	olicited o	r Intend	s to Solid	cit Purch	asers	<u></u>		
(Che	ck "All	States"	or chec	k indiv	idual S	tates)		•••		£	] All St	tates
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI] .	[WY]	[PR]
Full N	lame (La	ıst name	e first, if	individu	ai)							
Busin	ess or F	esidend	e Addre	ss (Nun	nber and	Street,	City, Sta	te, Zip C	ode)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Name	of Asso	ciated E	Broker o	r Dealer								
States	s in Whic	h Perso	n Listed	Has So	olicited o	r Intend	s to Solid	it Purcha	asers			
(Che	ck "All	States"	or chec	k indiv	idual St	ates)	••••••			[	] All St	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[ТХ]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		(Use bla	ank she	et, or c	opy and	use ad	ditional	copies o	of this sl	neet, as	necessar	у.)
			<u> </u>			-	· · · · · ·					
	C.	OFFER	ING PRI	CE, NU	MBER (	OF INVE	STORS,	EXPEN	SES AN	D USE O	F PROCE	EEDS
1. Ent	ter the a	ggregate	offering	g price o	of securit	ies inclu	ded in th	nis offerir	ng	, , , ,		
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•		]				referred		•••••	Ψ		Ψ	
(	Convertit	-	-		• •			••••	\$	0	\$	0
F	Partnersh	nip Inter	ests						\$	0	\$	0
C	Other (Sp								\$ <u>20</u>	000,000	\$	0
	Total				**********				\$ <u>20</u>	000,000	\$	0

	Directors, & Affiliates	Others
Salaries and fees	[x] \$0	[x] \$0
Purchase of real estate	[x] \$ 0	[x] \$ 0
Purchase, rental or leasing and installation of machinery and equipment	[x] \$ 0	[x] \$ 0
Construction or leasing of plant buildings and facilities	[x] \$ <u>0</u>	[x] \$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[x] \$ <u>     0                               </u>	[x] \$0
Repayment of indebtedness	[x] \$ <u>0</u>	[x] \$ <u> </u>
Working capital	[x] \$ 0	[x] _ <u>\$ 30,000</u>
Other (specify): (Offering costs \$20,000) (Purchase SEE Limited Partnership Interest \$19,950,	[x]	[x] _ <u>\$19,970,000</u> [x] _ \$ 0
Column Totals	[x]	[x]
Total Payments Listed (column totals added)	\$ <u>     0                               </u>	<u>\$20,000.000</u> 20,000,000
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned of filed under Rule 505, the following signature constitutes an undertaking be Securities and Exchange Commission, upon written request of its staff, the any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	v the issuer to fur	nish to the U.S.
/h		
Issuer (Print or Type) Signature		Date
EUPI, LLC		3-14-07
Name of Signer (Print or Type)  **Title of Signer (Print	int or Type) Manager	
ATTENTION		
Intentional misstatements or omissions of fact constitute fed U.S.C. 1001.)	eral criminal vio	lations. (See 18

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes No
provisions of such	[ x ] [ ]
rule?	
See Appendix, Column 5, for state response	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature /	Date
EUPI, LLC	Mix	2-14-07
Name of Signer (Print or Type)	(Title of Signer (Print or Type)	
ROBGRIA- Factor Jean Smith		
<b>√ Indust</b> Jean Smith	Manager	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX**

1	2 3						5			
			Ů			Disqualit				
	Intend t	o sall	Type of security					under State ULOE		
	to no		and aggregate					(if yes, attach		
	accred		offering price		Type of	investor and		explana		
	investors		offered in state	ar	nount pu	rchased in State	•	waiver g		
	(Part B-I	tem 1)	(Part C-Item 1)		(Pari	C-Item 2)		(Part E-I	tem 1)	
				Number						
				of		Number of				
				Accredite		Non-				
State	Yes	No	·	d Investors	Amount	Accredited Investors	Amount	Yes	No	
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AZ		Х	\$20,000,000	0	0	0	0		X	
		Λ	Membership Interests	, v	0	U 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
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